

Currently being treated for depression?

Are you getting the most appropriate and efficient care?

You deserve it.

In any given 1-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness.

What you should know

The last quarter century has produced a dramatic increase in the understanding of Depression, its causes, best treatments and success in returning sufferers to a high quality of life. 25% of women and 15% of men will experience a significant depression episode in their lifetime.

What has been learned is not particularly complicated. People who either suffer from one form of Depression or another or who live with a depressed family member should be aware of the latest information and best practices and become active partners in managing treatment.

Research has produced the following facts:

- 1. Depression is highly treatable. People properly diagnosed with Depression and effectively treated enjoy an 80% success rate in controlling symptoms among the highest for all medical conditions.
- **2.** There a two customary approaches to treating Depression and both work with great results:
 - Medication
 - Counseling or psychotherapy

Successful Treatment Planning

For some people, one approach works better than the other. In some cases a combination works best.

Ultimately, patients (or a family member) should be involved in reviewing the appropriateness of each of the two primary treatments available to them. Coordinating these options is formally known as the development of a Treatment Plan. Success in reviewing options in the treatment planning stage is best accomplished when people become informed and enter into cooperative discussions with treatment providers.

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Behavioral Health

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and links to valuable behavioral

health resources

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Medication Treatment of Depression

Which Anti-Depressant is best?

There are a variety of medications which combat depression. Different medications work better for different people.

Who should prescribe my depression medication?

In most cases, the primary care/family physician prescribes depression medication. Sometimes more than one medication needs to be tried. It is recommended that if the first two medications attempted do not produce results, then a referral to a psychiatrist be considered. Psychiatrists are experts in treating depression.

Do I need to take anti-depressant medication the rest of my life?

It is generally true that all medications have some kind of side effects and no one knows yet what the results of taking an anti-depressant for 30 or 40 years might be. Patients who have had two or more episodes of major depression are often encouraged to stay on the medication indefinitely.

When should I try "going off" medication?

BPA's medical director suggests that patients who are on anti-depressants for the first time can consider a test at being off the medication after 12 months with no significant depressive symptoms. Your physician should always monitor the medication-free trial.

Counseling and Psychotherapy

Who should provide it?

All mental health professionals — social workers, licensed counselors, psychologists — have training in the treatment of depression.

What types of therapy work best?

Many types of therapy and counseling have been effective with depression, however one therapeutic approach has consistently produced the best results in research study after research study — **Cognitive Behavioral Therapy**. Cognitive Behavioral Therapy focuses on thinking patterns and uses specific homework assignments designed to give the individual increased control by decreasing thinking errors, increasing activities and making the patient more functional.

How soon should I see results?

Most people who are receiving appropriate care and following through with treatment recommendations see noticeable improvement within 4-6 weeks and believe the problem is being successfully managed within 2-3 months. Although there certainly are exceptions to these time lines, you should consider reviewing the "evaluation of treatment" questions asked below if the depression is not showing improvement.

Don't be afraid to ask

Questions to ask your physician, or mental health professional when early efforts at treatment are not having the success you hoped:

- 1. "If we are only using medication or only using professional counseling, should we consider adding the other approach?"
- 2. "If we've failed on the 2 or 3 medications (our personal physician) prescribed, should we consider a referral to a psychiatrist?"
- 3. "If I'm seeing someone for counseling or psychotherapy, are we utilizing cognitive behavioral techniques, if not, would that be a good approach for me?"

Question to ask if treatment is successful:

4. "If my depression is controlled and I'm still taking medication, how long should I stay on the medication before trying a medication-fee trial?"

Having competent, professional help is crucial to treating depression, however being actively involved in your treatment is just as important.

to Change

Change is a fundamental part of our existence. Changes in our life often produce a certain amount of stress, and require us to make adjustments or accommodations. Even positive changes, such as a better job or getting married produce stress that requires adjusting and adapting to different circumstances.

People differ in their approach to change. People who do better with change are those who are able to be more flexible and active in their responses. Those who don't do so well are those who tend to be more rigid or passive in their responses. It is common for us to initially resist change, by denying or ignoring problems. Some people, however, get stuck in this phase and feel trapped. Those who cope better are those who are able to move through the initial phase of resistance toward more active ways of dealing with change.

Successful adjustment to change involves being able to use active coping strategies that focus on problem solving and healthy expression of emotions. Some common strategies for adjusting/adapting are:

- Getting support or information from others
- Lowering your expectations
- Try to be flexible in your view of situations; be able to see more than one side.
- Identify any self-beliefs that might be harmful (e.g., "asking for help is a weakness") and work to change them
- Learn to view crises as an opportunity for learning and growth
- View setbacks as temporary rather than permanent
- Utilize spiritual or religious values to provide meaning and context
- Learn to see the humor in situations and to laugh at yourself
- Engage in positive self-care (e.g., exercise, nutrition, and sleep)
- Express any distressing emotions to a supportive person or by writing a journal

And finally, remember that adjustment is a process. It does not occur overnight, and often requires time and patience, especially for major life changes.

Volunteers **NEEDED**

BPA is seeking applicants to serve on our *Member Advisory Panel*. Panel members will participate in matters of policy and operation of BPA. Advisory panelists will serve a minimum 1 year term, and will attend up to four lunchtime meetings a year. The Advisory Panel reports directly to the Quality Manager for BPA. Interested applicants should send a brief letter or email expressing interest to:

Lisa Alger, Quality Manager

Lalger@bpahealth.com

300 E. Mallard Drive, Suite 350 Boise, ID 83706

IBHP

Contact information

IBHP providers are available wherever you are located. Call the BPA Hotline to schedule an appointment with an IBHP provider near you:

IBHP HOTLINE TOLL FREE/24 HOUR 1-877-427-2327

Residents of the Treasure Valley call 343-4080

Visit the BPA website at: **www.bpahealth.com**



300 E. Mallard Drive Suite 350 Boise, ID 83706

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